

Appendix N

Prior Authorization Request Denial Reasons

PAR Denial Reasons are listed alphabetically by type

| All PAR Types | |
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| Reason Code | Description |
| A06 | This is not a final denial. Please do not submit an appeal request. The required Client State ID number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D. |
| A07 | This is not a final denial. Please do not submit an appeal request. The required Client State ID number does not match the Client Name. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D. |
| A08 | This is not a final denial. Please do not submit an appeal request. The required Client date of birth is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D. |
| A09 | This is not a final denial. Please do not submit an appeal request. The required Requesting Provider Number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D. |
| A10 | This is not a final denial. Please do not submit an appeal request. The required Billing Provider Number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D. |
| A11 | The PAR that you sent directly to Xerox State Healthcare is being denied. Please send this PAR to the authorizing agency listed in Appendix D. |
| A17 | Provider must be enrolled in the Colorado Medical Assistance Program. |
| 100 | The item or service requested is not a Medicaid benefit. |
| 117 | Client ID is missing or invalid. Please resubmit with a correct client ID. |
| 271 | Client is not eligible for all or part of the dates covered in this prior authorization. Verify eligibility prior to performing services. |
| 400 | The requested information has not been submitted. You may submit a new PAR with the requested information. |
| 451 | Provider is not active for all or part of the dates on this Prior Authorization Request. Please verify provider number. |
| 600 | Service does not require prior authorization. Submit charges on the appropriate claim form. |
| 643 | Cost containment information is missing. Please resubmit with required information. |
| 852 | Duplicate requests cannot be processed. This prior authorization request (PAR) is a duplicate of another PAR that is currently in the system. |

| Dental | |
|-------------|---|
| Reason Code | Description |
| 168 | Procedure does not require Prior Authorization approval for this client. 10 C.C.R. 2505-10, Section 8.284. |
| 169 | Outpatient individual and individual brief counseling visits are limited to 35 visits per state fiscal year. 10 C.C.R. 2505-10, section 8.200.0.H |
| 174 | Denial 21: This client is exempted from prefabricated crown services if the client was scheduled for hospitalization for dental services before May 13, 2004. 10 C.C.R. 2502-10, Vol. 8.284.1.A |
| 175 | Procedure does not require a prior authorization. |

| Dental | |
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| Reason Code | Description |
| 914 | The procedure is not a benefit of the Colorado Medicaid program. 10 C.C.R. 2505-10, Vol. 8.282.5.D |
| 915 | The procedure is not a benefit for a child Medicaid client, age birth through age 20. 10 C.C.R. 2505-10, Vol. 8.282.5.A |
| 916 | The procedure is not a benefit for an adult Medicaid client, age 21 and older. 10 C.C.R. 2505-10, Vol. 8.281.1.B |
| 917 | A report of the dental condition that supports the need for service was not submitted for this child client. 10 C.C.R. 2505-10, Vol. 8.284.1.A |
| 918 | A report of dental condition and concurrent medical condition that supports the need for service not submitted for this adult client. 10 C.C.R. 2505-10, Vol. 8.284.4.A |
| 919 | The procedure code is not valid for the described procedure. 10 C.C.R. 2505-10, Vol. 8.285.1.A |
| 920 | The procedure code is not a benefit for this tooth number. 10 C.C.R. 2505-10, Vol. 8.285.1.A |
| 921 | The tooth surface designation submitted is not valid for this tooth number. 10 C.C.R. 2505-10, Vol. 8.285.1.A |
| 922 | The procedure is a duplicate service. 10 C.C.R. 2505-10, Vol. 8.285.1.A |
| 923 | Information required for prior authorization review was not submitted. 10 C.C.R. 2505-10, Vol. 8.284.1.A |
| 924 | Periodontal diagnosis and classification were not submitted. 10 C.C.R. 2505-10, Vol. 8.285.1.A |
| 925 | The information submitted does not support the need for the procedure. 10 C.C.R. 2505-10, Vol. 8.284.1.A |
| 926 | Submitted information does not support a favorable prognosis. 10 C.C.R. 2505-10, Vol. 8.284.1.A |
| 928 | PAR is not required for the assistant surgeon. 10 C.C.R. 2505-10, Vol. 8.284.1.A |
| 929 | Prior Authorization Request cannot be approved after the service has been started. 10 C.C.R. 2505-10, Sec. 8.87.04.02.d. |
| 932 | Services authorized to another provider. |
| 933 | Orthodontic treatment is not a benefit to treat dental conditions which are primarily cosmetic in nature. 10 C.C.R. 2505-10, Vol.8.280.5.E.3 |
| 934 | Orthodontic treatment is not a benefit when there is no severe Handicapping Malocclusion, and self esteem is the primary reason for treatment. 10 C.C.R. 2505-10, Vol.8.280.5.E.3 |
| 935 | Phase One orthodontic treatment is not a benefit for the reported condition/s. 10 C.C.R. 2505-10, Vol.8.280.5.E.3 |
| 936 | Orthodontic prior authorization cannot be approved when the requesting provider is not enrolled as a Medicaid orthodontic provider. |
| F01 | Proof of prior Medicaid orthodontic approval from another state was not submitted. |
| F02 | TMJ PAR information from the primary surgeon was incomplete |
| F03 | Condition does not qualify as a Handicapping Malocclusion. 10 CCR 2505-10 Section 8.280.5.E.3 |
| F04 | Crowns and fixed prostheses that fail in less than five years do not meet a reasonable standard of care and the billing provider is expected to replace them at their own expense. |
| F05 | The services/treatments are not a covered benefit for Evaluation Procedures. 10 CCR 2505-10 Section 8.201.2.A.1 |
| F06 | The services/treatments are not a covered benefit for Diagnostic Imaging Procedures. 10 CCR 2505-10 Section 8.201.2.A.2 |
| F07 | The services/treatments are not a covered benefit for Preventive Services. 10 CCR 2505-10 Section 8.201.2.A.3 |
| F08 | The services/treatments are not a covered benefit for Minor Restorative Services. 10 CCR 2505-10 Section 8.201.2.A.4 |
| F09 | The services/treatments are not a covered benefit for Major Restorative Services. 10 CCR 2505-10 Section 8.201.2.A.5 |
| F10 | The services/treatments are not a covered benefit for Endodontic Services. 10 CCR 2505-10 Section 8.201.2.A.6 |

| Dental | |
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| Reason Code | Description |
| F11 | The services/treatments are not a covered benefit for Periodontal Treatment. 10 CCR 2505-10 Section 8.201.2.A.7 |
| F12 | The services/treatments are not a covered benefit for Removable Prosthetics. 10 CCR 2505-10 Section 8.201.2.A.8 |
| F13 | The services/treatments are not a covered benefit for Oral Surgery, palliative treatment and anesthesia. 10 CCR 2505-10 Section 8.201.2.A.9 |
| F14 | The services/treatments are not a covered benefit for Adult Clients under any circumstances. 10 CCR 2505-10 Section 8.201.2.B. |
| F15 | Prior authorization request was not submitted. 10 CCR 2505-10 Section 8.201.3. |
| F16 | Dental services shall only be provided by a licensed dentist or dental hygienist who is enrolled with Colorado Medicaid. 10 CCR 2505-10 Section 8.201.4.A |
| F17 | Dental services described in 8.201.2 shall be available to Adult Clients age 21 years and older. 10 CCR 2505-10 Section 8.201.5 |
| F18 | Dental services for adults 21 years of age and older are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. 10 CCR 2505-10 Section 8.201.6 |

| HCBS-BI | |
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| Reason Code | Description |
| 153 | The item is not of direct medical or remedial benefit to the client. 10 C.C.R. 2505-10, Sec. 8.515.50.B.2. |
| 154 | This item is primarily for a vocational or education application. Funding must first be pursued through the Division of Vocational Rehabilitation/Dept. of Education. 10 C.C.R. 2505-10, Sec. 8.515.50.D. |
| 155 | Home modification request/environmental modification does not contain supporting documentation, which substantiates the necessity of the modification. 10 C.C.R. 2505-10, Sec. 8.516.00.A.1. |
| 158 | Home modification request is not reasonable in cost when compared to usual and customary charges. 10 C.C.R. 2505-10, Sec. 8.516.00.C.2.f. |
| 160 | Transitional living prior authorization was requested for a client who does not meet the definition of "in need" according to 10 C.C.R. 2505-10, Sec. 8.516.30.B.2-3. |
| 161 | Prior authorization period exceeds benefit defined in 10 C.C.R. 2505-10, sec.8.516.30.C.5. |
| 190 | Item or service requested is not a benefit of the Home and Community Based Services Persons with Brain Injury Waiver. 10 C.C.R. 2505-10, Sec. 8.515.13. |
| 191 | Alternative funding for modification has not been considered. 10 C.C.R. 2505-10, Sec. 8.516.00.C.2.c. |
| 192 | Modification did not include two bids. 10 C.C.R. 2505-10, Sec.8.493.34.A. |
| 193 | Cost of modification exceeds lifetime cap. 10 C.C.R. 2505-10, Sec. 8.516.00C.2.g. |
| 194 | Requested clinical information does not substantiate how the device or service will result in enhancement of the recipient's ability to perform activities of daily living, or to perceive, control or communicate within the recipient's environment. 10 C.C.R. 2505-10, Sec. 8.515.50. |
| 195 | Modification is not a direct medical or remedial benefit to the client. 10 C.C.R. 2505-10, Sec. 8.516.00.C.1. |
| 196 | Documentation was not provided from an Occupational Therapist or Physical Therapist. 10 C.C.R. 2505-10 Sec. 8.516.00C.2.a. |
| 197 | Request for non-medical transportation request is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.516.20.B. |

| HCBS-EBD | |
|-------------|---|
| Reason Code | Description |
| 290 | Cost of modification exceeds lifetime cap. (10 C.C.R. 2505-10, Sec. 8.493.39). |
| 291 | Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21. |
| 292 | Item or service requested is not a benefit of the Home and Community Based Services for the Elderly, Blind, and Disabled Waiver. 10 C.C.R. 2505-10, Sec. 8.485.30. |
| 899 | The Prior Authorization did not include the appropriate procedure coding and/or modifier(s) for the effective dates submitted. Both the service and the administration fee must be included with the same effective dates. Please resubmit with corrected coding. |
| 900 | Modification is not to prevent institutionalization of the client (10 C.C.R. 2505-10, Sec. 8.493.11.D). |
| 901 | Modification does not give client greater independence (10 C.C.R. 2505-10, Sec. 8.493.11.B). |
| 902 | Modification does not ensure the health safety and welfare of the client (10 C.C.R. 2505-10, Sec. 8.493.11.A). |
| 903 | Modification is not a direct medical or remedial benefit to the client (10 C.C.R. 2505-10, Sec. 8.493.31.A). |
| 904 | Modification duplicates an existing adaptation (10 C.C.R. 2505-10, Sec. 8.493.31.B) |
| 905 | Modification is part of new construction (10 C.C.R. 2505-10, Sec. 8.493.31.C) |
| 906 | Documentation was not provided from an Occupational Therapist or Physical Therapist (10 C.C.R. 2505-10, Sec. 8.493.32.A) |
| 907 | Modification includes purchase cost of durable medical equipment (10 C.C.R. 2505-10, Sec. 8.493.21.B) |
| 908 | Modification requested is not the most cost effective solution (10 C.C.R. 2505-10, Sec. 8.493.32.C) |
| 909 | Alternative funding has not been considered (10 C.C.R. 2505-10, Sec. 8.493.33). |
| 910 | Modification did not include two bids (10 C.C.R. 2505-10, Sec.8.493.34.A). |

| HCBS-CMHS | |
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| Reason Code | Description |
| 430 | Modification is not to prevent institutionalization of the client (10 C.C.R. 2505-10, Sec. 8.493.11.D) |
| 431 | Alternative funding for modification has not been considered (10 C.C.R. 2505-10, Sec. 8.493.33) |
| 432 | Modification did not include two bids (10 C.C.R. 2505-10, Sec.8.493.34.A) |
| 433 | Amount of modification exceeds cost containment (10 C.C.R. 2505-10, Sec. 8.485.61.E) |
| 434 | Cost of modification exceeds lifetime cap. (10 C.C.R. 2505-10, Sec. 8.493.39) |
| 435 | Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21. |
| 436 | Item or service requested is not a benefit of the Home and Community Based Services for Persons with Mental Illness Waiver. 10 C.C.R. 2505-10, Sec. 8.509.12 |
| 437 | Modification does not give client greater independence (10 C.C.R. 2505-10, Sec. 8.493.11.B) |
| 438 | Modification does not ensure the health safety and welfare of the client (10 C.C.R. 2505-10, Sec. 8.493.11.A) |
| 439 | Modification is not a direct medical or remedial benefit to the client (10 C.C.R. 2505-10, Sec. 8.493.31.A) |
| 440 | Modification duplicates an existing adaptation (10 C.C.R. 2505-10, Sec. 8.493.31.B) |
| 441 | Modification is part of new construction (10 C.C.R. 2505-10, Sec. 8.493.31.C) |

| HCBS-CMHS | |
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| Reason Code | Description |
| 442 | Documentation was not provided from an Occupational Therapist or Physical Therapist (10 C.C.R. 2505-10, Sec. 8.493.32.A) |
| 443 | Modification includes purchase cost of durable medical equipment (10 C.C.R. 2505-10, Sec. 8.493.21.B) |
| 444 | Modification requested is not the most cost effective solution (10 C.C.R. 2505-10, Sec. 8.493.32.C) |
| 445 | The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates |

| HCBS-PLWA | |
|-------------|--|
| Reason Code | Description |
| 420 | Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21 |
| 421 | Item or service requested is not a benefit of the Home and Community Based Services for Persons Living with AIDS Waiver. 10 C.C.R. 2505-10, Sec. 8.496.900 |

| Long Term Home Health | |
|-----------------------|---|
| Reason Code | Description |
| 378 | To be eligible for Long Term Home Health services, as set forth at Section 8.523.11K, Medicaid clients 18 years and over shall meet the level of care screening guidelines for Long Term Care Services at Section 10CCR 2505-10/8.401; 10 CCR 2505-10/8.522.10. |
| 397 | The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates. |
| Z03 | PAR form has been submitted later than 10 days from the PAR start date. PAR units have been adjusted. 10 CCR 2505-10 Section 8.527 |
| Z04 | The requested information has not been submitted. You may submit a new PAR with the requested information-Home Health plan of care and/or therapy assessments, current clinical summary. 10 CCR 2505-10 Section 8.527 |
| Z10 | The agency is not a Medicaid Provider. 10 CCR 2505-10 Section 8.526 |
| Z12 | The item or service requested is not a Medicaid Home Health benefit. 10 CCR 2505-10/Vol 8.520-8.530/Home Health Benefit Coverage Standard |
| Z13 | Skilled therapies are not a benefit under Adult Long Term Home Health. 10 CCR 2505-10 Section 8.525.12.13. & 14. |
| Z14 | Revisions for increases to Home Health services shall be submitted and processed according to the same requirements defined for new PARs, and shall be submitted timely and include a current plan of care, physician's orders and any other required documentation to support the revision as listed in the Home Health Benefit Coverage Standard. 10 CCR 2505-10 Section 8.522 and 8.527.11.A.4.e |
| Z15 | Based on the needs of the client, authorization is being given for a lesser amount of services than requested. 10 CCR 2505-10 Section 8.522 and 8.523.11 |
| Z16 | This client is 21 years or older and Home Health services shall be provided at the client's place of residence (excluding nursing facilities and hospitals). 10 CCR 2505-10 Section 5.23.G |
| Z17 | The client is 18 years or older and the client's PAR was sent to the wrong authorizing agent; Adult Long Term Home Health PARs and applicable paperwork should be submitted to the authorizing agency listed in Appendix D. |
| Z18 | The revenue code is already authorized for this client, this provider and/or this date span. Please bill using the information on the original PAR, or submit a new PAR revision to increase or change services. 10 CCR 2505-10 Section 8.527 |
| Z19 | The clinical information does not substantiate medical necessity. 10 CCR 2505-10 Section 8.522 and 8.527.11.A.3.a-e |
| Z20 | The information submitted is insufficient to make a medical necessity determination. Additional information is required to review this Prior Authorization. 10 CCR 2505-10 Section 8.522/8.523/8.527 |
| Z21 | The Colorado Medical Assistance Program previously sent a letter notifying you of a decrease in your home health services and wants to make sure you have received all of the information you need. You may be eligible for a plan to decrease the amount of services over a three month period of time to help adjust to the change. You may talk with your case manager or home health provider to make a step-down plan if you need one. If you have not heard from your case manager or provider, or if you have any questions, please call 303-866-3447. |

| Medical | |
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| Reason Code | Description |
| 162 | Prior authorization period exceeds benefit defined in 10 C.C.R. 2505-10, sec.8.516.30.C.5. |

| Medical | |
|-------------|---|
| Reason Code | Description |
| 163 | The prior authorization request must include: a medical prescription, the name and Medicaid identification number of the client, the clinic name, business address, phone number, and Medicaid provider number, the referring physician's name, business address, phone number, the rendering therapist's name, provider number, business address, and phone number, Billing Provider information, a service plan for the client, Physical therapy history (including home health program involvement). Medicaid Bulletin B0200140. |
| 164 | The prior authorization request is not needed. The original prior authorization is still in effect. Medicaid Bulletin B0200139. |
| 165 | The service requested for this client is covered under another program (i.e., Home Health or Hospital Services, DME, etc.). 10 C.C.R. 2505-10, Sec. 8.525.12, Sec. 8.330, Sec. 8.011.01. |
| 166 | Therapy services for this client have been authorized to a different provider. Medicaid Bulletin B0200139. |
| 170 | Documentation supporting medical necessity is not sufficient. 10 C.C.R. 2505-10. section 8.200.5. |
| 171 | The Prior authorization request shall include: <ul style="list-style-type: none"> * A medical prescription, * Client name and Medicaid identification number, * Clinic name, business address, phone number and Medicaid provider number, * The rendering therapist's name, provider number, business address and phone number, * Billing provider information, * A service plan for the client, * Mental health history (including the Mental Health Capitation Program (MHASA) or Home Health Program Involvement). |
| 172 | Service requested for this client is covered under another program (i.e. 10 C.C.R. 2505-10, section 8.212 Mental Health Capitation Program). |
| 173 | Mental Health visits for this client have been authorized to a different provider. |
| 200 | The Diagnosis/clinical information does not substantiate medical necessity. |
| 251 | This individual is not a Medicaid-eligible individual under age 21. 10 C.C.R. 2505-10, Sec. 8.281.00 |
| 252 | The item or service requested is not a Medicaid benefit. 10 C.C.R. 2505-10, Sec. 8.287.01. |
| 253 | The requested information has not been submitted. You may submit a new Prior Authorization Request with the requested information-Early and Periodic Screening, Diagnosis and Treatment screen and additional documentation indicating medical necessity. 10 C.C.R. 2505-10, Sec. 8.287.01. |
| 254 | The information submitted does not support the medical need for the services requested, you may re-submit the Prior Authorization Request describing in more detail current medical necessity supporting the need for services. 10 C.C.R. 2505-10, Sec. 8.287.01. |
| 260 | These eyeglasses were not ordered by an ophthalmologist or an optometrist. 10 C.C.R. 2505-10, Sec. 8.287.03.d. |
| 261 | These eyeglasses were not dispensed by an optician. 10 C.C.R. 2505-10, Sec. 8.287.03.d |
| 262 | There is no prior authorization for these orthoptic vision treatment services. 10 C.C.R. 2505-10, Sec. 8.287.03.f. |
| 263 | There is no prior authorization for these contact lenses. 10 C.C.R. 2505-10, Sec. 8.287.03.f. |
| 264 | Service previously authorized to this provider. The procedure code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR. |
| 265 | Services authorized to another provider. |
| 266 | The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates. |

| Medical | |
|-------------|--|
| Reason Code | Description |
| 700 | Physician indicates requested item is not medically necessary. |
| C01 | Consumer Directed Attendant Support (CDAS) services must be submitted on the same Prior Authorization Request (PAR) as the administration fee. Please resubmit the PAR with both the administration fee/modifier and the service procedure code. |
| E01 | This vision service was not provided by an ophthalmologist, optometrist or optician. 10 C.C.R. 2505-10, Section 8.280.5.E |
| E02 | The clinical information does not substantiate medical necessity. 10 C.C.R. 2505-10, Sec. 8.076.8 |

| Private Duty Nursing (PDN) | |
|----------------------------|---|
| Reason Code | Description |
| 135 | Nursing visits solely for psychiatric counseling are not reimbursable. 10CCR 2505-10/8.528.12.A |
| 352 | The information submitted does not support the need for the services requested, you may re-submit the PAR describing, in more detail, current medical conditions supporting the need for services. 10CCR 2505-10/8.527.11.A.3.a-e |
| 361 | Nursing visits are unreasonable in amount, frequency, or duration. 10CCR 2505-10/8.526.18.C.2 |
| 452 | The information submitted does not support the need for the services requested, you may re-submit the PAR describing, in more detail, current medical conditions supporting the need for services. 10CCR 2505-10/8.548.10, 10CCR 2505-10/8.548.11, 10CCR 2505-10/8.547.16.A – C |
| 453 | The requested information has not been submitted. You may submit a new PAR with the requested information-nursing assessment, plan of care and/or therapy assessments, current clinical summary. 10CCR 2505-10/8.548.10. A through G |
| 454 | The revenue code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR, or submit a new PAR for revision to increase or decrease services 10CCR 2505-10/8.548.10 |
| 455 | The clinical information does not substantiate medical necessity. 10CCR 2505-10/8.543.10 and 10CCR 2505-10/8.543.11.A through H or 8.543.12.A through H |
| 456 | The requested additional information is insufficient. Completion of the requested information is required to review this Prior Authorization. 10CCR 2505-10/8.548.10 |
| 457 | The agency is not a Medicaid Provider. 10CCR 2505-10/8.545.14.A |
| 458 | PDN PARs shall include only Private Duty Nursing RN or LPN services. Other services are included on this PAR. 10CCR 2505-10/8.548.10.F |
| 459 | Based on the needs of the client, authorization is being given for a lesser amount of services than requested. 10CCR 2505-10/8.548.11.A through J |
| 460 | Revisions for increases in services shall be submitted and processed according to the same requirements as for new PARs, with a current written assessment/physician's orders pertaining to the increase. 10CCR 2505-10/8.548.10.H |
| 461 | Services total more than twenty-four (24) hours per day. 10CCR 2505-10/8.548.13 |
| 462 | No services shall be approved for dates of service before the date that the completed PAR is received. 10CCR 2505-10/8.548.12 |
| 463 | Services requested are duplicative of care that is being reimbursed under another benefit or funding source, including but not limited to home health, other insurance, or medical foster care. 10CCR 2505-10/8.548.14. |
| 466 | The plan of care you submitted with your PDN PAR does not indicate the frequency and the times of day that all technology-related care will be administered. 10CCR 2505-10/8.548.10.E |
| 467 | The application you submitted for PDN is incomplete, please send the required information. 10CCR 2505-10/8.547.16.C |

| Private Duty Nursing (PDN) | |
|----------------------------|---|
| Reason Code | Description |
| 468 | This client is ineligible for Medicaid in the non-institutional setting. 10CCR 2505-10/8.542.10.F |
| 469 | This client is ineligible for PDN. 10CCR 2505-10/8.542.10.A - F |
| 470 | The hours requested on the PAR are greater than the plan of care orders. 10CCR 2505-10/8.548.10.A - I |
| 471 | Nursing visits are unreasonable in amount, frequency, or duration. 10CCR 2505-10/8.526.18.C.2 |
| 472 | The information submitted does not support the need for the services requested, you may re-submit the PAR describing in more detail current medical conditions supporting the need for services. 10CCR 2505-10/8.527.11.A.3.a-e |
| 474 | Nursing visits solely for psychiatric counseling are not reimbursable. 10CCR 2505-10/8.528.12.A |
| 475 | The requested additional information is insufficient. Completion of the requested information is required to review this Prior Authorization. 10CCR 2505-10/8.527.11.A.3-4 |
| 476 | Service previously authorized to this provider. The procedure code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR |
| 477 | Services authorized to another provider. |
| 478 | Services requested are beyond the 16 hour per day benefit limitation as a result of an EPSDT medical screening however the correct documentation has not been received. (The EPSDT claim form does not meet this requirement.) 10CCR 2505-10/8.548.10.M |
| 479 | The PAR shall cover a period of no longer than six (6) months. 10CCR 2505-10/8.548.10 |
| 913 | The item or service requested is not a Medicaid Private Duty Nursing (PDN) benefit. 10CCR 2505-10/Vol 8.540-8.549 |

| Nursing Facility | |
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| Reason Code | Description |
| 851 | Services authorized to another provider |
| N01 | This is not a final denial. Please do not submit an appeal request. The Required 5615 noted in the Nursing Facility Billing Manual; General Prior Authorization Requirements is missing or incomplete. Please resubmit the 5615 and ULTC 100.2 certification page to the authorizing agent. |
| N02 | This is not a final denial. Please do not submit an appeal request. The Required ULTC 100.2 certification page noted in the Nursing Facility Billing Manual; General Prior Authorization Requirements is missing or incomplete. Please resubmit the 5615 and ULTC 100.2 certification page to the authorizing agent. |
| N03 | This is a not final denial. Please do not submit an appeal request. The required client's social security number is invalid or does not match the social security number of file with the Colorado Medical Assistance Program. Please correct and resubmit both the 5615 and the ULTC 100.2 certification page to the authorizing agent. |
| N04 | This is not a final denial. Please do not submit an appeal request. The required Client State ID number is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D. |
| N05 | This is not a final denial. Please do not submit an appeal request. The Client State ID number does not match the Client's name. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D. |
| N06 | This is not a final denial. Please do not submit an appeal request. The required Client date of birth is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D. |

| Nursing Facility | |
|------------------|---|
| Reason Code | Description |
| N07 | This is not a final denial. Please do not submit an appeal request. The required Billing Provider number is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D. |

| Pharmacy | |
|-------------|---|
| Reason Code | Description |
| 001 | This prior authorization was denied because the prior authorization form was not completed or the necessary attachment was not included (10 CCR 2505-10 §8.834). |
| 002 | This prior authorization was denied because the client does not meet the criteria to receive a non-preferred product on the Colorado Medicaid Preferred Drug List (10 CCR 2505-10 §8.834). |
| 003 | This prior authorization was denied because of a non-approved diagnosis. See Prior Authorization Policies for approved diagnoses for this drug in the Pharmacy section of the Department's Web site (10 CCR 2505-10 §8.834). |
| 004 | This prior authorization was denied because the quantity limits have been exceeded. See Prior Authorization Policies for approved Drug Limits for the allowable quantities for this medication (10 CCR 2505-10 §8.834). |
| 005 | This prior authorization was denied because of the dosing schedule. See Prior Authorization Policies for the approved dosing schedule for this drug (10 CCR 2505-10 §8.834). |
| 006 | This prior authorization was denied because medications administered in a hospital, physician's office or dialysis unit should be billed directly by those facilities as a MEDICAL item. These medications are not a PHARMACY benefit under Colorado Medicaid (10 CCR 2505-10 §8.831). |
| 007 | This prior authorization was denied because DESI drugs (medications determined not to be safe and effective by the FDA) and non-rebate able drugs (medications that have not signed a rebate agreement with the Centers for Medicare and Medicaid Services) are not a benefit of Colorado Medicaid (10 CCR 2505-10 §8.830). |
| 008 | This prior authorization was denied because a pain evaluation was not submitted to the Prior Authorization Helpdesk with the PA form. Please fax a pain evaluation to the PA Helpdesk for reconsideration (10 CCR 2505-10 §8.834). |
| 009 | This prior authorization was denied because the client has exceeded the 90 day lifetime benefit for smoking cessation products (10 CCR 2505-10 §8.830). |
| 010 | This prior authorization was denied because durable medical equipment (DME) and supplies are a <i>medical</i> benefit of Colorado Medicaid and need to be billed as a <i>medical</i> claim. DME are not a <i>pharmacy</i> benefit (10 CCR 2505-10 §8.836). |
| 011 | This prior authorization was denied because the client does not meet the criteria for approval. See Prior Authorization Policies in the Pharmacy section of the Department's Web site (10 CCR 2505-10 §8.834). |

| Supply/DME | |
|-------------|---|
| Reason Code | Description |
| D03 | The information submitted does not meet the Colorado Medicaid Program's guidelines for medical necessity. 10 C.C.R. 2505-10, Sec. 8.590.2.A. (1-7). |

| Supply/DME | |
|-------------|--|
| Reason Code | Description |
| D04 | Service previously authorized to this provider or another provider. The procedure code is already authorized for this client, this date span. 10 C.C.R. 2505-10, Sec. 8.590.3.D.4 |
| D05 | This request is for a WHEELCHAIR. The Colorado Medicaid Program has provided a similar product within the last few years. It is Medicaid policy that the original wheelchair should be utilized for a minimum of 5 years. Please submit additional information documenting the need for a new wheelchair at this point in time. 10 C.C.R. 2505-10, Sec. 8.590.2.C. |
| D06 | It is the responsibility of the provider to service, repair and supply necessary parts for any Durable Medical Equipment product covered by a warranty during the warranty period. No replacement parts or repairs will be reimbursed by Colorado Medicaid during the warranty period. 10 C.C.R. 2505-10, Sec. 8.590.4.L. |
| D07 | This product would more appropriately be provided on a rental basis. 10 C.C.R. 2505-10, Sec. 8.590.2.G. |
| D08 | This product's intended usage is for exercise. Colorado Medicaid does not cover products that are prescribed primarily for exercise. 10 C.C.R. 2505-10, Sec. 8.590.2.R.3. |
| D09 | This product has been requested for a client who is currently residing in a nursing facility or hospital setting. Therefore, it will not be reimbursed through the Durable Medical Equipment program of Colorado Medicaid. It is the responsibility of the facility to provide this product. 10 C.C.R. 2505-10, Sec. 8.590.2.B. |
| D11 | This product is not a benefit of the Durable Medical Equipment program. 10 C.C.R. 2505-10, Sec. 8.590.0 (R-S). |
| D14 | The requested information has not been submitted. 10 C.C.R. 2505-10, Sec. 8.590.3.D (1-9). |
| D16 | This product does not require prior authorization. Submit charges on the appropriate claim form. 10 C.C.R. 2505-10, Sec. 8.590.3 (A). |
| D21 | Prior authorizations requests must be submitted in a timely fashion. Retroactive requests beyond three months shall only be considered in cases of client retroactive program eligibility. 10 C.C.R. 2505-10, Sec 8.590.3.F |
| D23 | Effective August 1, 2007 Pulse Oximeters will have a maximum allowable rental cap of \$750.00 per year. Once the total rental payment reaches \$750.00 the equipment will convert to a purchase. This change is in accordance with the following Rule: 8.590.2.R. Rental Policy. |
| D30 | This product would be more appropriately provided as a purchase. 10 C.C.R. 2505-10, Sec. 8.590.2.G. |
| D31 | As per Medicaid Bulletin March 2003, 1 unit equals 100. Your requested quantity has been divided by 100. |
| D32 | The amount requested exceeds the allowed quantity and has been reduced accordingly. Please refer to the current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.2.P. |
| D33 | The amount requested is excessive for the diagnosis and has been reduced accordingly. Please refer to the current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.2.P. |
| D35 | Per Medicaid supply bulletin, A9900 is limited to specialized, detailed or complex work in the initial preparation of a product. |
| D59 | Prior Authorization is not required for Medicare Crossover claims. (8.590.3.B) Providers are required to bill Medicare first before billing Medicaid for this service. (Sec. 8.590.7.K) |
| D63 | This item is included in the rental/purchase of the equipment or service that has been approved. Please refer to the current Medicaid Supply Bulletin. 10 C.C.R. 2505-10, Sec. 8.590.2.C. |
| Q01 | This is not a final denial. Please do not submit an appeal request. The date(s) entered either on the Header or Detail lines are invalid. Please review the dates and submit a new PAR with valid dates to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |

| Supply/DME | |
|-------------|--|
| Reason Code | Description |
| Q02 | This is not a final denial. Please do not submit an appeal request. The information submitted does not support the need for the medical supplies or equipment requested. Please resubmit the PAR describing in more detail the current medical conditions that support the need for the supplies to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3. D (1-9). |
| Q03 | This is not a final denial. Please do not submit an appeal request. The additional information submitted is insufficient. Completion of the requested information is required for review. Please resubmit PAR with the requested information to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3. |
| Q04 | This is not a final denial. Please do not submit an appeal request. Serial number is required for all repairs. Please resubmit PAR with the serial number to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.3.D.8. |
| Q05 | This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the invoiced acquisition cost for this item to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.4.D.5.c. |
| Q06 | This is not a final denial. Please do not submit an appeal request. Wheelchair purchases must have the manufacturer, brand name and model name. Please resubmit PAR with the information requested above to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.4.C.D. |
| Q07 | This is not a final denial. Please do not submit an appeal request. Requesting providers must have prescriptive authority for this item. Please resubmit PAR with the name of the prescribing physician to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin. |
| Q08 | This is not a final denial. Please do not submit an appeal request. The Prior Authorization Request requires a physician's signature. Please resubmit PAR with a physician's signature to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.9. |
| Q09 | This is not a final denial. Please do not submit an appeal request. Procedure Code requested is invalid/incorrect or incomplete. Please resubmit PAR with proper code(s) from the current Medicaid Supply Bulletin to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3. |
| Q10 | This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the name of meds, frequency, route and length of need to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.3.d. |
| Q11 | This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the number of units requested to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |
| Q12 | This is not a final denial. Please do not submit an appeal request. PAR dates must be for one year. Please resubmit PAR with corrected date span or provide an explanation as to why dates are less than one year to the appropriate authorizing agency listed in Appendix D. Please refer to the current Medicaid Supply Bulletin. |
| Q13 | This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and include whether these items are intended for use with a client owned piece of equipment to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin. |
| Q14 | This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and describe 1) the client's level of impairment, 2) what has been used in the past, 3) if the client has available assistance 4) why this client is in need of this equipment/supply to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |
| Q15 | This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and describe 1) exactly why this item is needed, 2) what it will be used for, 3) the intended use for this item to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |

| Supply/DME | |
|-------------|---|
| Reason Code | Description |
| Q16 | This is not a final denial. Please do not submit an appeal request. Product information is required on this item. Please resubmit PAR with product information to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |
| Q17 | This is not a final denial. Please do not submit an appeal request. A serial number is required for all repairs. Please resubmit PAR with the serial number for the repair to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D. |
| Q34 | This is not a final denial. Please do not submit an appeal request. The Questionnaire form you submitted is no longer valid. Please resubmit PAR with the current Questionnaire form to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3 |
| Q35 | Prior Authorization Requests must be submitted on paper for the following items: electric wheelchairs, scooters, orthotics and prosthetics, augmentative communication devices. Please send the Prior Authorization Request for these items directly to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3 (A-G). |
| Q36 | Client has not utilized the equipment in the manner for which it was intended. Repairs and/or replacement of equipment will not be allowed in cases of repeated misuse. 10 C.C.R. 2505-10, Section 8.590.4.N.5 |
| Q37 | This product cannot be approved as its primary purpose is to either enhance the personal comfort of the client or provide convenience for the client's caregiver.. 10 C.C.R. 2505-10, Section 8.590.2.A.7 |
| Q38 | This is a rejection, not a final denial. Please do not submit an appeal request. Completion of PAR requirements have not been met. 10 C.C.R. 2505-10, Section 8.590 |
| Q39 | Same or similar services have already been previously approved for this client. 10 C.C.R. 2505-10, Section 8.590 |

| Transportation | |
|----------------|---|
| Reason Code | Description |
| 402 | Transportation to medical treatment located on or at military facilities is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 403 | Transportation to medical treatment to providers not enrolled in the Medicaid program when Medicaid is the primary payer is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 404 | Transportation to medical treatment which is not a Medicaid benefit is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 405 | Transportation to pick up or deliver prescriptions, medical supplies, or durable medical equipment is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 406 | Transportation for nursing facility or group home residents to any medical or rehabilitative services required to be part of the facility's program by Federal or State law is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 407 | Charges when the client is not in the vehicle are excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |

| Transportation | |
|----------------|---|
| Reason Code | Description |
| 408 | Transportation to court-ordered medical services that are not a benefit of Medicaid is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 409 | Meals and lodging expenses when travel to and from a non-emergent medically necessary covered service can reasonably be completed in one calendar day is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 410 | Reimbursement for travel expenses of an escort when the travel is not expected to extend beyond one calendar day is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.) |
| 411 | The required documentation was not submitted for authorization of out-of-state medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.686 OUT-OF-STATE TRANSPORTATION AUTHORIZATIONS.) |
| 412 | The required documentation was not submitted for authorization of commercial airline or train transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.07 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, COMMERCIAL AIRLINE OR TRAIN.) |
| 413 | The required documentation was not submitted for authorization of ambulance and air ambulance transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.08 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, AMBULANCE AND AIR AMBULANCE.) |
| 414 | The required documentation was not submitted for authorization of ancillary services related to medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.09 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, ANCILLARY SERVICES.) |
| 415 | Services authorized to another provider. |
| J01 | The service is not a benefit of the Colorado Medicaid medical transportation program. 10 C.C.R. 2505-10, Section 8.014 |
| 413 | The required documentation was not submitted for authorization of ambulance and air ambulance transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.08 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, AMBULANCE AND AIR AMBULANCE.) |
| 414 | The required documentation was not submitted for authorization of ancillary services related to medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.09 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, ANCILLARY SERVICES.) |
| 415 | Services authorized to another provider. |
| J01 | The service is not a benefit of the Colorado Medicaid medical transportation program. 10 C.C.R. 2505-10, Section 8.014 |

Appendix N Revisions Log

| Revision Date | Appendix | Pages | Made by |
|----------------------|---|--------------|----------------|
| 02/09/2007 | Re-lettered Appendices N–Y | 1-12 | jg |
| 04/23/2007 | PDCS Denial Codes – Changed to Appendix O | 13-17 | jg |
| 06/22/2007 | Added NPI Edits | 13 | jg |
| 02/29/2008 | Added five denial codes for all PAR types; Updated Supply/DME PAR denial codes | 1 9-11 | jg |
| 05/14/2008 | Corrected number for Dental Remarks field to reflect 2006 ADA form | 2 | jg |
| 03/24/2009 | Supply/DME, Dental and All provider types PAR denial codes updated | 1, 2, 9-11 | jg |
| 04/10/2009 | Appendix N – Added Pharmacy PAR denial codes | 52 | jg |
| 11/03/2011 | Pharmacy Prior Authorization Request Denial Reasons 1-11 and added 12 & 13. | 8 & 9 | jg |
| 11/25/2011 | Updated | All | jg |
| 07/20/2012 | Appendix N - Deleted EPSDT HH PAR denial reason 384. Appendix N - Changed Autism or PHW Waiver to Private Duty Nursing (PDN) | 7 & 8 | jg |
| 08/07/2012 | Appendix N - Deleted All PAR Types denial reason codes A12-A16; Medical PAR denial reason code 255. Added Medical PAR denial reason code E02. | 1, 7 | jg |
| 12/20/2012 | Updated and reformatted Appendix N | All | jg |
| 01/25/2013 | Updated and reformatted – Added Z21 (Long Term Home Health) | 5 | jg |
| 05/29/2013 | Added Nursing Facility denial reasons, N01-N03 | 8 | Cc |
| 10/29/2013 | Removed ALL PAR Type denial reasons A18-A21 and moved to Nursing Facility Added Nursing Facility denial reasons N04-N07 | 1 8 | Cc |
| 07/02/2014 | Added Reason Codes F05 – F18 to account new denial reasons for the DentaQuest ASO | 2-3 | mm |

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.